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ABSTRACT

This report summarizes findings from an ethnographic study of the Child and Family Resource Program (CFRP), a Head Start demonstration program providing child development and family support services to low-income families with young children. Designed to describe program operations from the perspective of staff and client families, the study was mounted at one site in each of five states. Families with single nonworking parents, families with single working parents, two-parent families, and families with teenage mothers participated. Methods employed by the ethnographers included a review of CFRP records, interviews, home visits, and observation. Each researcher worked half-time for 6 months gathering data on the CFRP experiences of from seven to nine families. The investigators' work was guided by a set of research questions that were to be addressed to each family. Chapter 1 of this summary volume provides an overview of the CFRP demonstration and the various components of the CFRP evaluation. Chapter 2 summarizes the findings of the ethnographic component, highlighting common features of program operations and major differences among programs. Chapter 3 lists the five major study conclusions. Attention is directed to the fact that the discussion of implications for Head Start policy and program management offered in this summary, and in the full program report as well, is to be considered preliminary and limited in scope. (RH)

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CHILD
& FAMILY
RESOURCE
PROGRAM
EVALUATION

THE CULTURE OF A SOCIAL PROGRAM: AN ETHNOGRAPHIC STUDY OF CFRP

Summary Volume
Fall 1981

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THE CULTURE OF A SOCIAL PROGRAM: AN ETHNOGRAPHIC STUDY OF THE CHILD AND FAMILY RESOURCE PROGRAM - SUMMARY VOLUME

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FOREWORD

This report summarizes the findings from a six-month ethnographic study of the Child and Family Resource Program (CFRP), a Head Start demonstration program initiated in 1973 by the Administration for Children, Youth and Families, U.S. Department of Health and Human Services. CFRP provides child development and family support services to low-income families with young children. The ethnographic study, part of an on-going evaluation of CFRP being conducted by Abt Associates Inc., employed qualitative methods of data collection and interpretation in an effort to capture the quality of the program experience for individual children and their families.

Chapter 1 of this Summary Volume provides an overview of the CFRP demonstration and the various components of the CFRP evaluation. Chapter 2 summarizes the findings of the ethnographic study which emerge from the case study chapters prepared by our on-site research staff. Common features of program operations and major differences among programs are highlighted. Chapter 3 lists the five major conclusions of this study.

More detailed information on this ethnographic research effort is presented in the main volume of this report.* The volume consists of nine chapters: five case studies of individual CFRPs, two chapters introducing the study and describing its methods, and two chapters summarizing results across sites. The following brief overview of the main volume gives a synopsis of the introductory and summary material and characterizes the CFRP population at the five sites, as a guide for the reader who wishes to learn about a particular type of program in detail.

1. INTRODUCTION - Author: Jeffrey R. Travers, Ph.D.

   This chapter presents a brief overview of the CFRP demonstration and evaluation, as well as the rationale for undertaking the ethnographic study.

*Sections of this report or the entire volume can be ordered from Abt Associates Inc., 55 Wheeler Street, Cambridge, Massachusetts 02138.

2. METHODOLOGY - Author: Lynell Johnson, Ph.D.

   This chapter describes in some detail the design, rationale, and approach of the ethnographic study. It is intended for other researchers who may wish to use ethnographic techniques in future evaluations.

3. FLES MAKE IT TICK--The Family Development Program in Jackson, Michigan - Author: Carol S. Wharton

   The main office of the Family Development Program, as CFRP is called in this site, is located in urban Jackson. It has two satellite offices in predominantly rural communities. This program, which fully integrates CFRP and Head Start, has the largest enrollment of all sites. There are substantial numbers of both black and white families. Many are "new poor" two-parent families recently become unemployed because of the recession in the auto industry. Jackson also enrolls many single-parent families, including some teenage mothers.

4. A PROGRAM WITHIN A PROGRAM--The Child and Family Resource Program in Las Vegas, Nevada - Author: M.L. Miranda, Ph.D.

   CFRP in Las Vegas serves a predominantly urban population, divided into two distinct groups. The larger group consists of black mothers, most of them single and many of them teenagers. The smaller group consists of Hispanic mothers who face special problems created by the language barrier. Some of these Hispanic mothers live in two-parent families. Head Start and CFRP while linked organizationally operate as separate programs.

5. AN ACE IN THE HOLE--The Child and Family Resource Program in Oklahoma City, Oklahoma - Author: Sue G. Lurie.

   CFRP operates out of an office in the rural community of Spencer but also serves some families who live in Oklahoma City. The majority of the families are black, although in some families one or both parents are white, Hispanic or Native American. Single-parent families predominate in this site, and many are working mothers. CFRP is operated as a program independent of Head Start in this site.

6. EVERYTHING TO EVERYBODY--The Child and Family Resource Program in St. Petersburg, Florida - Author: Vera E. Vanden

   CFPP in St. Petersburg provides services to families in a fairly small area, an enclave of black poverty in the midst of white affluence. Almost all of the CFRP families are black; many of the mothers are single and working. Head Start and CFRP are operated as separate programs but are linked organizationally.

7. THE PATH WITH A HEART--Salem, Oregon's Family Head Start - Author: Ellen W. Robinson

   Salem's Family Head Start fully integrates CFRP and Head Start program services. The CFRP population is almost entirely white; most families are headed by single women. Relatively few of the mothers work. This program operates a small satellite program, in addition to its main office.

8. COMMONALITIES AND DIFFERENCES - Authors: Jeffrey R. Travers, Ph.D., Marrit J. Nauta, and Nancy Irwin

   This chapter, as the title implies, identifies similarities among the five programs and discusses variations that have evolved.

9. CHOICES IN POLICY AND PRACTICE - Author: Jeffrey R. Travers, Ph.D.

   This chapter describes various choices that programs must make in attempting to deliver a broad range of services with finite resources. It outlines practical lessons that can be drawn from the CFRP experience and decisions that must be faced in designing any family-based child development program.

The discussion of implications for Head Start policy and program management offered in this Summary Volume and in the full report are preliminary and limited in scope. A full discussion of these issues must await completion of other portions of the evaluation and integration of their results with those of the ethnographic study.

1.0 OVERVIEW OF CFRP AND THE EVALUATION

1.1 The Program

CFRP was initiated in 1973 by the Administration for Children, Youth and Families, as part of Head Start's Improvement and Innovation planning effort. The demonstration operates in eleven sites and is designed to develop models for service delivery which can be adapted by different communities serving different populations. Each program receives approximately $155,000-$170,000 per year to serve from 80 to 100 families.

As part of Head Start, CFRP has as its primary goal enhancing children's development. However, the program represents an innovation within Head Start in three important respects.

First, it serves the child through the family rather than in isolation. It is premised on the belief that the best way to promote and sustain the child's growth and development is by supporting families and helping parents become more effective caregivers and educators.

Second, unlike Head Start, which focuses on the preschool years, CFRP serves families with children from the prenatal period until the children reach age eight. It strives to provide developmental continuity by serving children throughout the early stages of their growth. This is accomplished through three program components:

- an infant-toddler component serving parents and children in the prenatal-through-three age range;
- Head Start for families with three- to five-year olds; and
- a preschool-school linkage component to ensure smooth transition from preschool to the early elementary school grades.

A third feature which distinguishes CFRP from Head Start is its emphasis on a comprehensive assessment of each family's strengths and needs

and the development with the family of an individualized plan for services to be obtained through CFRP. The CFRP treatment thus is not the same for all families enrolled in the program; it depends to a large extent on their individual needs. In addition CFRP has a mandate to reduce fragmentation and gaps in the delivery of services by existing community programs and agencies.

1.2 The CFRP Evaluation

The effects and effectiveness of CFRP are being assessed through a longitudinal evaluation which began in October 1977.* The initial design for the evaluation consisted of three distinct but interrelated components--the program study, the impact study, and the process/treatment study. Together, they address the following four objectives:

(a) to describe CFRPs and their operations;

(b) to identify program models;

(c) to link family outcomes to participation or nonparticipation in CFRP; and

(d) to link family outcomes to particular aspects of CFRP treatment (characteristics of staff and program) and to family characteristics.

The program study is designed to paint a comprehensive picture of the operations of CFRP. Information collected during site visits and in interviews with program staff has been used to develop profiles of program implementation and to identify models of certain aspects or operations of the

*The current evaluation was preceeded by two other studies of CFRP, both also funded by ACYF. The first, conducted by the Huron Institute in 1974-75, was an effort to determine the feasibility of a summative evaluation of CFRP. A formative evaluation of CFRP was also undertaken in 1974-75 by Development Associates Inc.; a follow-up study was conducted by the same contractor in 1975-77.

program. The program has established a descriptive context for the statistical and analytic findings of other components of the evaluation.

The impact study examines the effects of CFRP services on families and children. Program impact is assessed by comparing CFRP families with a group not enrolled in the program. This study is being carried out at five of the eleven CFRPs, chosen on the basis of their ability to recruit the requisite number of families for this study. Families entered the evaluation when they had a child less than one year old and were randomly assigned either to CFRP or to a control/comparison group. The major focus of the evaluation has been CFRP's three-year infant-toddler program. This emphasis will shift when children enter Head Start and subsequently enroll in elementary school.

The process/treatment study focuses on the CFRP families who participate in the impact study. This study is designed to explore, using statistical analysis, relationships among characteristics of families and staff, interactions between staff and families, services provided, family participation in program activities, and program impact.

A fourth component of the evaluation--the ethnographic study--was initiated in fall 1980 because important aspects of the program's relationship to families were not being captured by our data gathering techniques. The experimental design and quantitative methods employed in other components of the evaluation are indispensable for answering certain kinds of questions: A controlled experiment, for example, is still the most convincing way of determining whether or not the program causes desired outcomes. Questions of concern to policy makers and program managers, however, are not always best addressed using such methods. A qualitative account can provide additional insights about the scope and nature of program effects and can help evaluators understand why a program produced or failed to produce the desired effects. This approach appeared particularly appropriate for the CFRP evaluation because of CFRP's complexity and the enormous variation that exists both across and within sites.

The ethnographic study was mounted at the five sites where the impact study of the CFRP evaluation was being carried out: Jackson, Michigan; Las Vegas, Nevada; Oklahoma City, Oklahoma; St. Petersburg, Florida; and Salem, Oregon. The CFRPs at those five sites had become the major focus of the evaluation.

The ethnographic study was designed to describe the operation of the program, not as seen from the perspective of ACYF or of local program administrators, but as actually lived by families and staff. In order to develop satisfactory accounts of the CFRP process--the ways in which programs work with families--it was decided to examine the process in terms of specific families.

At each of the five sites an on-site researcher was recruited. Four of the staff were anthropologists and one a sociologist. All were well trained and experienced in ethnographic research methods. Staff participated in a one-week orientation session before starting case selection, recruitment and data collection. Each researcher spent half-time for six months gathering data on the CFRP experiences of seven to nine families and their children. Their work was guided by an elaborate set of research questions, to be addressed with each family.

Several types of families were included in the ethnographic study sample, because they have different needs and require different program approaches: families with single nonworking parents; families with single working parents; two-parent families; and families with teenage mothers. Equal representatation of these family types at each of the five sites was not attempted, in part because the family types were unevenly distributed. Rather, the design took advantage of the fact that some programs had a substantial proportion of CFRP families of certain types; yet, in every case the design provided for a small comparison group of the same type at another site. The distribution of family types was as follows:

	Jackson	Las Vegas	Oklahoma City	St. Petersburg	Salem	Total
Single Nonworking	-	1	6	2	5	14
Single Working	-	-	2	7	2	11
Two-Parent	6	3	-	-	-	9
Teenage	2	5	-	-	-	7
Total	8	9	8	9	7	41

The ethnic composition of the CFRP population precluded proportional representation of ethnic groups within family types. The sample corresponds closely to the ethnic distribution in the CFRP population at the five sites. Of the families studied, 63 percent were black, 30 percent were white, and 7 percent were Hispanic.

Ethnographers reviewed CFRP records on individual families, interviewed family workers, accompanied family workers on home visits, visited families on their own, interviewed and observed parents at home, observed families at the CFRP center sessions, and observed center sessions at which sample families were not present. Different ethnographers placed different emphases on each of these data-gathering techniques. For example, the overall range for number of home visits per family in the company of the CFRP family workers was 0-8, and the overall mean was 2.7. The average number of home visits per family without the family worker was 2.0 across sites. All told, the ethnographers observed 112 home visits by CFRP staff, and made 85 home visits on their own.

Ethnographers spent an additional six months preparing and revising case study chapters. Across-site analyses and syntheses were undertaken by Abt Associates staff who directed the ethnographic research effort.

2.0 STUDY FINDINGS: A CLOSE-UP PORTRAIT OF CFRP

As will become clear in the course of this Summary Volume, the five CFRPs have taken rather different paths toward their common goals: to provide child development support through the family, to provide whatever social service support families need to become successful, and to give continuity in these services from before birth through age eight. Nevertheless, the five programs share some common structural and functional features.

The first section of this chapter provides an overview of the program, focusing on these common features. The sections that follow highlight aspects of the program that varied from site to site and that emerged as important indicators or determinants of program effectiveness in the ethnographers' reports. These include: links to Head Start; the functioning of the family worker; the balance between child development and social services in home visits and center sessions; and policies with regard to recruiting and serving different types of families, especially those headed by single, working mothers. A final section of this chapter examines some fundamental choices that CFRP has had to make in meeting its broad mandate and which Head Start will face if it decides to make CFRP's family-centered approach an option for Head Start centers nationally.

2.1 CFRP in Five Sites: An Overview of Common Features

Family workers form the core of CFRP at every site. At each program there are four to six family workers--called home visitors or family advocates--each with a caseload of perhaps 20 families. Nearly all family workers are women--most of them mothers--and they are the vital link between CFRP and the families it serves. They deliver the child development program through home visits. They are the family's connection to social services available in the community, assessing families' needs and matching them with the services they require. Often it is the family worker who transports a parent to agencies in the community. In some sites the family workers also plan center sessions for parents and children. The family worker, in her many roles--teacher of children, educator of parents, social worker, counselor, and friend--is the heart and arms and legs of CFRP.

In every site, two types of program activities are offered to families enrolled in CFRP's infant-toddler component--home visits and center sessions. The primary purpose of these activities is to enhance the child's overall development, both directly and through the parents.

Home visits by family workers help parents to strengthen their child-rearing skills and to increase their knowledge about child development. In most programs, home visits have a dual focus: (1) helping parents to become more effective in their role as educators of their own children; and (2) helping parents to meet a broad range of family needs and concerns. In one program, the dual focus of the home visits is explicitly recognized. Separate visits are conducted by two family workers: one has responsibility for working with the family on issues related to parenting skills and the child's development; the other focuses more broadly on family needs. At all other sites, one family worker is assigned to each family, with responsibility for both aspects of the home visit--child development and parenting issues as well as family needs. These family workers often experience some tension between these two sets of demands on their time and energy.

Center sessions are of two kinds. Sessions for parents are intended to provide parents with a basic knowledge of child growth and development, to assist them in developing more effective parenting skills, to provide emotional support, and in some cases to offer an opportunity for recreation. Sessions for children are designed to provide children with a group experience--an opportunity to learn to share and get along with others, or to acquire skills.

In some sites, the two are combined: children and parents meet together at the center. Classroom staff assist parents in working with their children and provide feedback on parent-child interactions. The group discussions that follow focus on topics related to child development or child-rearing practices. More commonly, however, children and parents meet separately. The focus is mostly on parents, away from their children. Children are cared for in an infant-toddler room while the adults attend

parent sessions, and there is little or no opportunity for parents to interact with their children at the center.

It is a distinctive feature of CFRP that it seeks to tailor services to families' needs. This individualization is perhaps most visible in the realm of social services, but the same principle underlies the child development/parenting activities. The formal vehicle for individualization is needs assessment, conducted when a family enters the program and at intervals of six months to two years thereafter. At each reassessment, needs are established, new goals are set, and old goals are reviewed for progress. On a day-to-day basis, CFRP's commitment to individualization is expressed most often in the family worker's flexibility in meeting the needs of families. "We always work from the family's point of view" was a sentiment expressed by several family workers.

CFRP's commitment to provide families with social services grows out of its recognition that support of the family is essential to the success of the child development program: unless pressing social service needs are taken care of, parents find it hard to concentrate on child development. All the CFRPs have established networks in the social service community, and programs with specialists on staff provide direct services as well. Social service provision is one of CFRP's strengths: the list of services acquired for families seems to be limited only by the families' own requests and needs.

2.2 CFRP, Head Start, and Community Agencies

CFRP, as a Head Start demonstration program, was designed to have close linkages with Head Start. Such linkages are implicit in the program's Guidelines; Head Start is one of three major program activities to be offered to families enrolled in CFRP. In addition, CFRP was expected to develop linkages to other social service agencies in the community. Through both types of integration and coordination, CFRP was intended to provide continuity in serving children during the major stages of their early development.

In practice, there is considerable variation across programs in the strength of the CFRP-Head Start linkages. The programs are fully integrated in two sites. In two other programs, CFRP and Head Start are linked organizationally but operate to a large extent as separate entities. In one site, CFRP and Head Start are virtually independent programs.

There are two major benefits associated with full CFRP and Head Start integration.

(1) It facilitates smooth transition from one developmental stage to the next and continuity of services provided to the family. There is more collaboration between workers serving children of different ages than in sites where linkages between the two programs are not as strong.

(2) It results in a richness of staff resources, with several people providing specialized services to families and children. Such pooling of resources between the programs occurs to a lesser extent in sites where CFRP and Head Start are not fully integrated.

Linkages between CFRP and Head Start also affect the strategies that programs use to provide services to families. More social services are provided directly where integration is high (and programs are rich in staff resources) than in other sites, which must rely almost entirely on referrals to social service agencies. In addition, highly integrated programs have more staff time and expertise for establishing and maintaining linkages with social service agencies, making referrals, and doing follow-up work. In contrast, the other programs assign primary responsibility for developing networks and making referrals to individual family workers, with varying amounts of support by supervisory staff or specialists. Thus, where linkages between CFRP and Head Start are strong, CFRP's effectiveness in providing both social services and developmental continuity is enhanced.

2.3 The Family Worker: The Heart of CFRP

Family workers wear many hats and have varied and complex responsibilities. They are expected to identify child and family needs (sometimes through the subtlest clues), find services to meet those needs, and often help

parents to find their way through bureaucratic red tape. They are supposed to be parent educators, helping parents to strengthen their role as primary educators of their own children, with the ultimate goal of enhancing the overall development of children. They provide emergency aid, sensitive counseling, job assistance, health information, and a host of other supportive services. They ferry families to appointments, and in some sites organize center activities for parents and children as well. As one family worker aptly put it, they are "supposed to be everything to everybody, any place, and any time."

The job of the CFRP family worker, then, is a unique one that requires the worker to be in some respects a friend to families and at the same time to function as a helping professional. This dual function creates two sets of choices and two kinds of conflicts--one having to do with the appropriate role of the family worker and one having to do with recruitment of family workers.

2.3.1 The Role of the Family Worker

Family workers are "friends" in that they try to build trust and rapport with their families. They try to develop intimate knowledge of their families in order to identify needs and individualize services. They try to present a human face in an otherwise bureaucratic and remote system of social services and to take the family's side in dealing with other agencies.

These themes are echoed at every site. Trust-building is the focus of much conscious effort by staff everywhere. In one program, family workers estimate that a full year is needed before the typical family is comfortable in the relationship and ready for the rest of what CFRP has to offer. Programs are aware of the need to "make a good match" between family workers and families, and they sometimes shift assignments when a match doesn't work out. Meshing of personal characteristics seems to be the primary basis for a good match, although delicate issues of ethnic compatibility also enter in. At several sites, families and staff alike contrast CFRP's empathetic, supportive approach with the impersonality of other social service agencies.

But intimacy poses certain problems for individual family workers and families, problems which can interfere with some professional aspects of the family worker's job. Families are sometimes confused about what to expect from staff and what they can ask of them. They often become dependent on staff and overburden them with requests for help. At the same time they may treat appointments and schedules rather casually. There is a clear need to set limits on what the program will offer and to make clear what responsibilities it expects participants to take on.

Choosing the right balance between friendship and professionalism is in part the prerogative and responsibility of the individual family worker. Each family worker must build the right relationship with each family that he or she serves. The site reports contain some outstanding examples of the staff's ingenuity in finding ways of relating that fit the situation and the cultural context.

On the other hand, programs can, through preservice and inservice training and supervision, help staff learn techniques for maintaining rapport without sacrificing professionalism. In general, programs seem not to have given staff much guidance in this regard, although at least one program has established clear expectations about participation on the part of families and explicit guidelines about such concrete matters as appointments. Yet the program also places a high premium on personal relationships, not only between family workers and families but in group meetings and other center activities as well. This example suggests that a coherent philosophy and clear guidelines about the program's relationship to families can remove some of the uncertainty and burden that staff sometimes experience.

2.3.2 Recruitment of Family Workers

A program's choice of a balance between rapport and professionalism is also reflected in its policies for recruiting staff. Programs must decide how much emphasis to place on professional credentials--education or training--

and how much to place on personal characteristics--sensitivity, maturity, compatibility of background with the families served. (Relevant work experience is a kind of "bridging" qualification that reflects both professional background and personal characteristics.)

In many respects programs agree on the mix of skills and personal characteristics they seek in their family workers. There appears to be general agreement that personal and affective characteristics are of primary importance. The ability to build relationships of trust and support with families served is viewed as the key to effective service delivery. Many staff have children of their own, and they often share memories of pregnancy and their early years of parenting with program participants.

Professional credentials are considered to be of secondary importance in most of the five sites. Family worker recruiting efforts are guided by the philosophy that a college degree does not necessarily qualify an applicant for a staff position, and none of the programs has chosen a specific discipline as a prerequisite for family worker positions. Personal and job-related experience are considered just as important as formal training. Programs feel that staff who have demonstrated their competence in practical ways are often more readily accepted and in the long run can be more effective at the grass-roots level than people with a theoretical background but little or no experience with the problems they'll be facing on the job. As a result of these recruitment policies, there is considerable variation in the level of education of family workers--from high school graduates with a few college credits to college graduates with additional training.

A particularly important recruitment issue is the degree to which programs actively seek out and hire indigenous paraprofessionals, especially former CFRP mothers, in an effort to maximize rapport and provide jobs and upward mobility. It is not unusual for a former welfare mother with a child in CFRP to become a Head Start volunteer, then perhaps a class aide, and finally a CFRP family worker. Recruitment of paraprofessionals from the client population lends special import to yet another issue--the training and supervision of family workers.

2.3.3 Training and Supervision of Family Workers

Support and guidance for family workers are provided through pre- and inservice training and through ongoing supervision. The preservice training provided varies across the sites, but is generally not more than two weeks long. In some sites emphasis is placed on instruction--by the supervisor or through films and slides--while in other sites the emphasis is on learning by observing and doing.

Formal, regular inservice training ranges from one day a week to none at all--although in every site, staff attend occasional workshops. A wide range of topics are addressed in inservice training sessions in the five sites, such as early childhood education, social networking, caseload management and skills, family therapy, child abuse and neglect, nutrition, health screenings, and community resources.

In some sites, family workers meet regularly with their supervisors, but informal supervision--through staff meetings or conversation--is more typical. Where supervision was routinized through paperwork--approvals, reports, sign-offs--it sometimes appeared to be *pro forma*.

In general, strengths and weaknesses of family workers are not assessed through direct observation of their work. Some family worker supervisors simply believe that this kind of work cannot be supervised by "standing over" the workers. The method of supervision used most frequently is review of records and progress notes on individual families, but supervisory staff do provide support to their family workers in other ways. They are available for consultations when family workers are experiencing problems or are uncertain about how to handle particular family situations--for example, a family in which the children seem depressed or otherwise disturbed but show no apparent signs of neglect or abuse. Occasionally, supervisory staff accompany family workers on a home visit to provide assistance with particularly difficult problems.

As mentioned above, recruitment of paraprofessionals lends urgency to the issue of training and supervision. Previous experience with home-based programs in Head Start showed that paraprofessionals could deliver effective developmental services, but only when supported with intensive training and supervision.* Thus in choosing to hire paraprofessionals, a program assumes greater responsibility for training and supervision than it would if it recruited individuals with relevant training and/or experience. However, the five case studies suggest little or no relationship between recruitment and training/supervision policies--and there is generally not a great deal of supervision of family workers in the field at any site.

2.4 CFRP: A Family-Centered Child Development Program

CFRP attempts to promote child development through the family. It provides developmental activities in the home, with the parents; it trains parents in child-rearing, both at home and in center sessions; it provides support services for families in order to give the child an environment that is conducive to social, emotional and cognitive growth. CFRP is premised on the belief that there is a synergy between services that relate directly to children's development (educational and health services, parent training) and services that support families more generally (counseling, advocacy, assistance in crises). Every one of the five programs in the ethnographic study has its own way of expressing this belief.

In practice, however, there is actually some tension between social services and child development, created by constraints of time and resources. Family workers must decide how much emphasis to place on dealing with mothers' personal and economic problems and how much on teaching mothers about child-rearing and working directly with children. At the program level, directors must decide what kind of staff to hire: how many people with child development training? how many with backgrounds in social work? They must decide how much time and money to commit to training in child development as opposed to

*Love, J.M. et al. National Home Start Evaluation Final Report--Findings and Implications. High/Scope Educational Research Foundation and Abt Associates Inc., 1976.

other areas, and they must determine what kinds of guidelines should be established for staff. On balance, the program appears to have devoted more of its staff resources to social services than child development.

2.4.1 Social Services

As indicated earlier, provision of social services, directly or through referrals, is a strong point of CFRP at every site. All programs provide counseling directly to parents, ranging from a sympathetic "listening ear" during home visits to professional clinical help. A number of family advocates and home visitors are trained counselors; further, several programs retain the services of mental health professionals who are available to CFRP families. All programs also offer health screenings and immunizations. These are often provided by people outside CFRP, who may be paid by the program or donate their time.

Other services vary widely with family needs and include both crisis assistance and long-term approaches to the problems of poverty. Staff make parents aware of their eligibility for public assistance and help them apply for Aid to Families with Dependent Children, food stamps, Medicaid, or other entitlements. They help families negotiate their way through the welfare system; for example, when AFDC checks or food stamps are stolen, lost or delayed, family workers often vouch for the legitimacy of these claims. Occasionally arrangements are made for emergency financial aid to buy food, or pay heating, utility or housing bills. Staff assist parents in obtaining adjustments or postponements of charges from public utility or telephone companies, free emergency medical services, subsidized housing, child care, legal aid, and shelter for victims of domestic violence. In some sites staff also assist parents in obtaining jobs or further education. (However, not all sites encourage parents to work; see the later section entitled "Who does CFRP serve?")

CFRP's efforts go beyond piecemeal provision of single services. Staff marshal services from multiple agencies and try to work out comprehensive approaches to families' problems. The case studies include numerous examples

of this approach in action, such as meetings among CFRP staff and representatives of local agencies in which plans were devised to provide coordinated assistance to multi-problem families.

Provision of support services, particularly assistance in securing social services from external agencies, is valued immensely by parents. In one site, for example, several parents cited referrals as the single most valuable part of the program. A parent in another CFRP refers to the program as an "ace in the hole," because it has given her one place to turn for help in times of need. As advocates for families and children, CFRP's staff have brought some measure of rationality, coherence and personal concern to an otherwise confusing and impersonal system of social services.

2.4.2 Child Development

With respect to child development, the picture is considerably less positive, and it is in this area that resource constraints are most evident. Developmental services provided by CFRP include periodic health screening and developmental assessments, educational activities in the home and in groups, and training of parents in child-rearing skills. The latter is a particular emphasis of all programs, consistent with CFRP's strategy of helping the child by working through and with the family as a whole. However, programs have not been able to maintain the intensity of service that previous research has indicated is necessary for an effective child development program. In some cases the quality of services also appears inadequate.* These problems are seen most clearly in the following sections, which deal with home visits and center activities, the contexts in which developmental services are provided.

Home Visits

In all sites home visits are seen as a key point of contact between families and the program. Relationships between family workers and CFRP

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*Note that these conclusions apply primarily to infants and toddlers, the age range that has been the focus of the evaluation. No attempt was made in the ethnographic study to evaluate developmental services in Head Start classrooms.

mothers, universally acknowledged as crucial to the success of the program, are developed and sustained to a significant extent through one-to-one interaction in the mother's home. However, there is considerable variation, both between and within sites, in the frequency and focus of the home visits, as well as in the nature and quality of the relationship that is developed. Two pervasive problems that emerge, explicitly or implicitly, from most of the site reports are the heavy caseloads of the family workers and the difficulty of scheduling visits, especially with mothers who work or go to school.

In most sites an effort was made to schedule home visits on a regular basis; however, cancellations and postponements were common. Across the program as a whole, home visits to the families in the ethnographic study occurred somewhat less frequently than once per month on average, although at most sites the scheduled frequency of visits was much higher, typically two per month. In a few cases, families received more visits than called for by the generic schedule, usually because of serious problems requiring constant staff attention.

The observed frequency of home visits was significantly lower than that needed to provide an effective child development program in the home, according to findings based on previous Head Start demonstrations. Results of the Home Start evaluation, cited earlier, showed that a minimum of one hour-long visit per week is required to produce any measurable effect on children. The low frequency of home visits for most families was undoubtedly linked to high family worker caseloads; family workers typically had caseloads of 20 or more, whereas the Home Start study indicated that a caseload of 13 was the maximum feasible in order to maintain an adequate frequency of visits.

Another factor limiting the intensity of child development activities was the fact that home visits were not devoted exclusively to such activities. Roughly half, and in many cases more than half, of each visit was devoted to other family needs. Home visitors spent substantial time in offering advice and monitoring progress regarding family goals in education, employment, housing, budgeting and securing financial aid. Crises were common, and when they occurred, parent education and activities with children took a back

seat. Again and again a family worker encountered a mother who was understandably preoccupied with an abusive husband or boyfriend, or a lost or stolen welfare check, or a dispute with housing project managers. As one home visitor commented: "It's difficult to tell parents that your child should be at this or that stage of development when you're worried about having enough money to pay the rent and buy food." Family workers had to deal with these problems, giving practical help where possible and always offering a sympathetic ear, in order to maintain the rapport that is so essential to their functioning. The price paid in foregone developmental activities was nevertheless significant.

Program staff are themselves concerned with the preemption of child development by the need to provide social services. At two sites, staff, besieged with requests for personal and economic assistance, resolved that the program must focus primarily on child development and communicate this focus to parents, encouraging them to be more independent in seeking solutions to their problems.

One program has developed a unique way of dealing with the issue. This CFRP has two types of home visitors--Family Life Educators (FLEs) and Home Parent Teachers (HPTs)--who split the social service and child development functions. FLEs provide family counseling and advice about social services. HPTs divide their time between talking to mothers about child development and parenting and working with children and parents in developmental exercises.

The case studies also suggest that there is great variation in the quality of the developmental activities that <u>are</u> provided. At every site there were some examples of skillful work during home visits. The case studies depict family workers encouraging mothers to speak to preverbal infants in order to stimulate language development and establish social bonds, showing mothers how simple games and toys can be used to improve children's conceptual and fine motor skills, helping mothers establish reasonable expectations about obedience, order, and self-help skills, and teaching effective strategies for discipline. However, there were also

examples of didactic, mechanical use of predetermined exercises, with little attempt to capitalize on the interests of the child or the mother, and in some cases with little apparent comprehension of the purpose of the exercise. (Children were sometimes even chased away from interesting activities!)

Two of the sites used the Portage Guide as a basis for their infant-toddler curricula. Other sites devised their own approaches and compiled their own materials from various sources. One CFRP developed a distinctive philosophy and approach, which placed great emphasis on strengthening the child's (and the parent's) self-concept. None of the programs appears to have attempted to implement or adapt any of the intensive, experimental infant-toddler curricula that currently exist and were used, for example, in the Parent-Child Development Centers. There was no obvious relationship between the degree of curricular structure in the child development activities offered at a particular site and the apparent quality of these activities.

For some family workers at several sites, child development was tied to the staff's professional role, while social services were tied to their role as friends. Some--by no means all--of the accounts of home visits showed a palpable change in the atmosphere of the visit when the family worker shifted from informal, friendly discussion of the parent's concerns and needs to formal, stilted presentations of child development activities. In contrast, most examples of successful developmental intervention seemed to involve a natural interweaving of developmental activities with the rest of the visit, without a shift of style or tone.

Center Sessions

Center sessions were scheduled frequently at all sites--once every week or two. However, several sites had attendance problems; staff viewed parent participation as "less than optimal."

For the most part, center sessions for parents and children were separate. Although several sites held periodic social activities for parents and children, only one CFRP regularly brought parents and children

together with a focus on development. This program held weekly two-hour sessions. During the first half-hour, parents and staff worked directly with children; the remainder of the session was devoted to discussion of the interaction and to more general parental support. (At other sites such an approach failed when few parents brought their children to the sessions.) This CFRP also offered additional support groups for single parents and parents of handicapped children.

At the remaining sites, center sessions for parents covered a wide variety of issues. Some dealt explicitly with child development and/or parenting. Others dealt with psychological and social problems of parents, budgeting and home management and other topics of general concern. Some were largely social and recreational.

Center sesssions for children included classroom experiences, supervised play, and in one case play therapy for disturbed children. On the whole, however, center sessions were not used as the focus of intensive developmental work with children. At some sites, children's "center sessions" were largely a convenience for parents--child care provided in order for parents to participate in center activities. Some sites offered no sessions specifically for CFRP children but rather placed them in the center's day care while their parents attended center sessions.

In sum, the intensity and quality of developmental services varied widely across and within the five sites in the ethnographic study. The quality of services provided during home visits seemed largely to be a function of the individual family worker's orientation and skill. No program made conspicuously effective use of any infant-toddler curriculum, although some programs had more coherent approaches than others. Only one CFRP conducted extensive developmental activities for children at the center. Programs did provide discussions and presentations on child-rearing for parents, although center sessions had many other functions as well. The overall effectiveness of developmental activities was limited by the relatively low frequency of home visits and poor attendance at center sessions in most sites.

2.5 CFRP: Who Benefits?

Some of the most important lessons to emerge from the CFRP demonstration have to do with the interaction between family characteristics and the probable effectiveness of the program. To realize the potential benefits of CFRP, especially with respect to child development and developmental continuity, a family must participate actively for an extended period of time. However, participation was a problem at most sites, as suggested in the previous section. Working mothers and those in school full-time found it hard to arrange their schedules to accommodate frequent home visits and center sessions. Other parents seemed overwhelmed by personal and economic pressures, or simply lacked commitment to CFRP's goals. Programs varied in their willingness to serve uncommitted families. One that demanded commitment had exemplary participation; others served a wider range of families, sometimes at the price of sporadic participation and diluted services.

2.5.1 Working Mothers

At some CFRP sites mothers are encouraged to work or attend school, and a high percentage of mothers enrolled in the program are employed or in school. Teenage parents, for example, are encouraged to continue their education, since many of them dropped out when their first child was born. CFRP assists parents in getting loans to continue their education, or provides them with information about job training programs in the community. Work is viewed as an economic necessity in one program. Other sites are either neutral or discourage mothers from working, urging them to stay home, care for their infants and toddlers and live on various forms of public assistance, if no one else in the family provides an income.

The choices that programs make in this regard are influenced both by philosophy and by the availability of work in the local community. The sites differ markedly in local economic conditions. One site is in a state of economic decline, while another offers many employment opportunities.

However, regardless of local program policies and the availability of work, CFRP on the whole does not seem to be well organized to serve working mothers or those who attend school full-time. Most activities take place from 9 to 5, when working and student mothers cannot participate. Family workers try to accommodate mothers by scheduling home visits for the end of the working day, but often mothers and children are too tired and distracted to get much out of the visits. Holding center activities at night also helps but little, because mothers are too tired or busy with household chores to attend; safety may also be an issue in attending evening activities. Thus at most sites some families are effectively lost to the program when mothers go to work or school; others continue participating, but at a significantly reduced rate.

The working or student mother represents a real dilemma for CFRP. By working or going to school, a mother takes a major step toward achieving financial independence. On the other hand, it is difficult to provide such mothers with services and pursue program goals, such as child development. CFRP needs to decide, nationally as well as locally, whether it wants to encourage work or full-time study and to serve working or student mothers. If so, the program will have to modify its operations. At present there appear to be no really successful program models, although, as is always the case with CFRP, there are individual examples of extraordinarily conscientious family workers and energetic mothers who manage to make the program work despite formidable problems of scheduling and sheer exhaustion.

2.5.2 Inclusiveness and Selectivity

Some programs have an "inclusive" philosophy of recruitment; they try to serve as many eligible local people as possible. One program, in the interest of serving as many families as possible, is willing to dilute services for everyone; children are in Head Start only two mornings a week, doubling the number who can enroll, and families may be enrolled in CFRP even when staff are not available to offer the full complement of services. Another CFRP offers referrals and crisis assistance to community people who

ask for help, even if they are not enrolled in CFRP. Other programs are more selective, choosing to serve parents whose schedules and attitudes facilitate participation and for whom adequate staff time is available. In the words of the case study, one CFRP is a "culture with a boundary around it." Other programs fall in between.

Inclusive programs may formally enroll many families whose participation is minimal. In a selective program, families not willing to commit themselves to active participation usually "drop out" before actually becoming enrolled: the program sets forth clear expectations about participation to prospective enrollees and is not designed to provide services to "transients." The most selective CFRP has a particularly coherent philosophy and approach, which may be made possible partly by its selectivity. Inclusive programs may be forced to be more eclectic, since participants are likely to have varying expectations about the program's benefits and demands. The selective approach to recruitment also facilitates continuity of service as the child and family develop. When programs serve transients or when participation is irregular, continuity is likely to be lost. Selectivity has advantages, then, although it precludes services to certain families.

It might appear that selectivity is inherently opposed to Head Start's philosophy. However, it must be recognized that Head Start nationally serves only about 20 percent of eligible families. The issue is not whether to select, but on what basis. One CFRP selects on the basis of the family's ability to profit from the program. Other programs select on the basis of perceived need; or they respond to initiatives from families, who in effect select themselves.

2.6 CFRP: A Delicate Balance

Previous sections have suggested that individual CFRPs make a number of choices that shape each program--choices about relative emphasis on social services vs. child development, about recruitment of families and about recruitment, training and supervision of staff. This section considers additional choices made by local and national administrators and staff, which

also contribute to the unique character of CFRP. Staff must strike a balance between supporting families and encouraging them to be independent. Administrators at the local level must strike a balance between giving staff autonomy that is commensurate with their responsibility and yet ensuring that staff activities are consonant with program goals. Similarly, administrators at the national level must strike a balance, allowing programs to adapt to local needs and resources while enforcing adherence to national priorities.

2.6.1 Support and Independence

Programs are concerned with issues of independence and family development. They want to provide families with needed support but not to encourage dependence. They see no inherent conflict between support and independence; rather, they see supporting families in periods of need as a way to help them toward independence. Unfortunately, this ideal process of family development does not always take place. On balance, the program has been stronger in providing support than in fostering independence. In one case, a mother articulated her dependence when she protested against her home visitor's attempt to help her get services for herself: "You're getting paid to get me these things!"

Ideally, programs hope that families will progress toward independence both materially and psychologically. In material terms, programs hope that families will move toward economic self-sufficiency, by getting education or jobs. In psychological terms, programs hope that parents will progress from feeling overwhelmed and incompetent to feeling secure in their abilities to provide for their families and get personal support from families, friends and informal networks. The case studies include success stories of families who followed this pattern.

However, there are also many cases in which no such progress seemed to occur. Many accounts of home visits with long-term CFRP families were indistinguishable from interactions with newer families; the same problems were present, and a sense of development was absent. The barriers to independence are formidable: poverty, lack of employment opportunities in the

surrounding community, chronic or unexpected illness, personal problems and many others. Many families require support on a continuing basis. As programs provide this support, they face three issues of independence/dependence.

Are families becoming economically self-reliant or remaining dependent on outside assistance? As already discussed, the most tangible step a parent can take toward economic self-reliance is to get a job, yet working makes it hard to reap other benefits from CFRP.

Do families receive support from families, friends, church, and other private soruces, or do they rely on government aid, including CFRP? In this regard, CFRP's goal is to provide support without supplanting or undermining families' own support network, whether the program merely fills in where informal support is lacking or actually capitalizes on families' support networks.

Are families able to secure for themselves the government benefits to which they are entitled, or do they depend on continued assistance from CFRP? Staff are often frustrated as they contend with multiple requests for crisis assistance and intercession with bureaucratic agencies. Decisions at two sites to stress child development and insist that families take more initiative in securing social services (mentioned earlier) illustrate the sensitivity of staff to situations in which families are not doing as much as they could on their own.

The case studies leave the impression that independence and family development occur on an individual basis, when the family's circumstances and the program's services mesh well. The five programs studied do not exhibit obvious, systematic differences in strategies for fostering independence or in the degree to which independence is valued. All set goals of independence, but there are no fixed timetables and there is no coercion; support is always offered if setbacks occur. None of the programs has attempted to specify conditions under which CFRP's support for a family will cease. Likewise none has experimented systematically with any form of "maintenance" program in

which a family receives reduced services after it has achieved a measure of independence, although informal maintenance arrangements have evolved in individual cases (e.g. among working mothers).

2.6.2 Common Goals and Individualized Services

As noted above, a key element in CFRP's general approach is individualization of services to meet specific needs of families and capitalize on their strengths. To this end, all of the local programs undertake elaborate processes of needs assessment and periodic reassessment and goal-setting. The site reports amply document the fact that these processes are in most cases taken very seriously and consume a substantial amount of time and effort on the part of staff and families. (There are, however, instances of pro forma needs assessment, in which staff do little more than fill in blanks on a sheet of paper.) The reports also document the more important fact that services are in fact individualized, partly in response to the assessments and partly as a result of the advocates' sensitivity to fluctuations in each family's situation. There is simply no doubt that one of CFRP's strongest points, at every site studied, is its largely successful attempt to respond to individual concerns and needs.

Along with this emphasis on individualization, each program also has common goals, mostly of a general nature--promoting independence, stimulating child development and the like. While common general goals are theoretically compatible with individualization of specific services, it is also quite possible that the profile of services that grows out of give-and-take between families and advocates will not reflect the program's stated priorities. The best example has already been discussed, namely the preemption of child development activities by crisis management and referrals for social services at some sites.

This issue translates into one of local program management. Directors and supervisory staff have to decide how much autonomy to allow family workers and how much control to impose. As indicated earlier, most of the sites appear to take a laissez-faire attitude toward supervision. Family

workers have substantial autonomy, and supervisors function as resource persons and advisors. Program administrators seem to have adopted this approach because of an understandable unwillingness to encroach on the one-to-one relationships between family workers and parents, which is universally recognized as essential to the success of the program. They have chosen to avoid the dangers of intrusion and regimentation and to accept the risk that program goals may be diluted or distorted in practice.

Autonomy has been welcomed by most family workers, and some have used it well. However, some appear to need more structure in order to deliver services of acceptable quality and appropriate focus, particularly in the area of child development. On balance, better supervision and support are called for. The planning and record-keeping procedures used to ensure quality control at some sites do not appear to be effective; for example, where programs have attempted to enforce common practices in child development, the result has been a rather mechanical curriculum, not well attuned to the needs of children or their families. The most successful model of supervision appears to be one which achieves control through shared values and expectations, rather than through bureaucratic procedures or in-home monitoring. In sum, while clear guidelines about staff supervision are needed if CFRP's approach is extended to Head Start, the current demonstration program has not produced a range of approaches to choose from.

2.6.3 National Guidelines and Site Variation

CFRP's grand design allows and encourages local programs to adapt themselves to local conditions. The wise conception underlying this aspect of the program is that local staff are far better able than program managers in Washington to evaluate local needs and resources and to structure programs accordingly. However, ACYF cannot take an entirely laissez-faire attitude toward local programs. The agency has its own mandate and its own priorities, and it is responsible for ensuring that activities carried out with its support at the local level are consistent with that mandate and those priorities. Thus the agency must decide how much autonomy to allow local programs, and how detailed to make its prescriptions about local operations, contained in national program guidelines. A related question is how the program should

be evaluated: to what degree should evaluation reflect national priorities, and to what degree should it reflect local emphases and variations?

ACYF has in fact permitted a substantial amount of local autonomy in program design. The site reports document in considerable detail the variation in practices and operations that has resulted. Each program has adapted to its local culture in some unique way that could not be duplicated at another site.

On the other hand, the agency has exerted central control on some occasions, for example by issuing a directive mandating greater attention to child development. Also, the evaluations that have been conducted, including this one, have used uniform outcome measures chosen in consultation with national program managers. These have not always corresponded to local expectations and priorities. Programs have modified their operations in response to perceived criteria of evaluation, for example by increasing their emphasis on developmental services to infants and toddlers during the present study.

This tension between national control and local autonomy will be confronted again, if and when ACYF decides to modify Head Start's guidelines to allow programs to incorporate some of CFRP's practices within Head Start's service package. If there is any overriding lesson to be drawn from the ethnographic study, it is that programs, when allowed local autonomy, will develop in unexpected ways that may not be fully consonant with national goals and expectations but may be well adapted to local needs and the desires of parents. National leadership can do a great deal to improve the management of CFRP or CFRP-like services within Head Start. (Some specific suggestions in this regard are offered in the next chapter.) However, there is much to be said for CFRP's original emphasis on initiative and invention at the local level.

3.0 CONCLUSIONS

The ethnographic study has provided a detailed picture of the operations of CFRP and the experiences of CFRP families at five sites. The data are complex and resist summary; nevertheless we have tried in this report to identify some common features of programs and some overall strengths and weaknesses, noting exceptions and qualifications where relevant. Of the evaluative points made throughout this Summary Volume, five are especially salient.

- CFRP has succeeded in individualizing services and building close relationships to families. For many families it has humanized the social service system and stimulated hope, energy, initiative and a sense of empowerment.

- CFRP has functioned effectively as broker and advocate for families with respect to the rest of the social service system. It has made families aware of their entitlements and of sources of aid, and it has helped them to secure needed services.

- CFRP has been less effective as a child development program. Although some sites and individual family workers have been more committed to child development and more effective in providing services than others, child development receives overall lower priority than social services. Parent education and developmental activities are sometimes sporadic and not always well conceived or well executed.

- Poor participation has been a factor limiting CFRP's effectiveness at most sites, especially for single working mothers and those who are in school. The program appears to be most effective for families that participate intensively for a sustained period. It is not well designed to meet the needs of those for whom extensive, prolonged participation is impossible because of other time commitments.

- CFRP is most effective where its ties to Head Start are strong. Such linkages permit pooling of staff resources, hence more extensive and specialized services. It also facilitates continuity of service as children reach preschool age.

These conclusions are based on the ethnographers' observations but are also informed by earlier findings from other components of the evaluation. They do not necessarily represent the judgment of individual ethnographers. Moreover, they are subject to amplification and modification as further data are analyzed. In particular, statements about "effectiveness" at this point are based on the perceived quality of service, not on impact data, and may be revised as the impact study progresses.